

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT**
PUBLIC SECTOR / NON-POLICE & NON-FIRE**Section I: Agreement Details**

Public Employer:	New Milford Board of Education	County:	Bergen
Employee Organization	New Milford Custodial Association	Employees in Unit: 28	
Base Year Contract Term:	7/1/2011	6/30/2014	New Contract Term 7/1/2014
Type of Settlement:	<input type="checkbox"/> Mediated Settlement <input type="checkbox"/> Fact-Finder Recommendation <input checked="" type="checkbox"/> Voluntary Settlement <input type="checkbox"/> Super Conciliation		

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
Item 1	<u>Salary</u>	\$1,246,630	\$1,313,543
Item 2	<u>Increment</u>		
Item 3	<u>Longevity</u>		
Item 4			
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
Section III: Totals - Sum of costs in each column		\$1,246,630	\$1,313,543
		(Total)	(Total)

Section IV: Analysis of new successor agreement**NEW AGREEMENT ANALYSIS**

Total Base Year (previous agreement)	<u>\$1,246,630</u>			
Effective Date (m/d/yyyy)	<u>7/1/2014</u>	<u>7/1/2015</u>	<u>7/1/2016</u>	
Percent Increase	<u>2.7</u>	<u>2.6</u>	<u>2.5</u>	
Total cost of increase ..	<u>\$33,659</u>	<u>\$33,288</u>	<u>\$32,839</u>	
Total base salary (successor agreement)	<u>\$1,280,280</u>	<u>\$1,313,577</u>	<u>\$1,346,416</u>	

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	<u>2.60</u>
Dollar Impact (average per year over term of agreement)	<u>\$33,261.00</u>

Section VI

<u>Health Insurance (Indicate costs associated on each line)</u>		Base Year	Year 1				
Cost of Health Plan		<u>\$464,195</u>	<u>\$487,811</u>				
Employee Contributions		<u>\$34,962</u>	<u>\$53,532</u>				
Prescription							
Dental		<u>\$32,157</u>	<u>\$32,157</u>				
Vision		<u>\$7,578</u>	<u>\$7,678</u>				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:	<u>Donna Heinzmann</u>	Title: <u>Assistant Business Administrator</u>
	Print Name <u>D. Heinzmann</u> Signature	Date: <u>11/20/2014</u>